

990-EZ

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No. 1545-1150

2010

Open to Public
Inspection

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2010 calendar year, or tax year beginning 03/28/10, and ending 12/31/10

Form header section containing: C Name of organization (ROCKY MOUNTAIN PUPPY RESCUE), D Employer identification number (27-2214963), E Telephone number (303-521-3194), F Group Exemption Number, and address information (12245 SUNFLOWER ST, BROOMFIELD CO 80020).

Accounting Method: [X] Cash [] Accrual [] Other (specify)
Website: N/A
H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 59,538

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 59,538 and total expenses are 44,313, resulting in a net asset of 15,225.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Yes No

Table with 3 columns: Question, Yes, No. Rows include questions 33 through 40e regarding IRS reporting, organizational changes, income reporting, and tax shelter transactions.

41 The organization's books are in care of Telephone no. Located at ZIP + 4

Table with 3 columns: Question, Yes, No. Rows include questions 42b and 42c regarding foreign country interests.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 and enter the amount of tax-exempt interest received or accrued during the tax year

Table with 3 columns: Question, Yes, No. Rows include questions 44a through 44d regarding donor advised funds, hospital facilities, and tanning services.

| | Yes | No |
|---|-----|----|
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? | | X |
| 46 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | | X |
| 47 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

| | Yes | No |
|---|-----|----|
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | X |
| 49b If "Yes," was the related organization a section 527 organization? | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

51 Total number of other employees paid over \$100,000

52 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

53 Total number of other independent contractors each receiving over \$100,000

54 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | |
|--|--------------------------------------|
| Signature of officer EMMA SHIN | Date PRESIDENT/CO-DIRECTOR |
| Type or print name and title | |

| | | | | |
|--|-------------------------------|-------------------------|---|--------------------------|
| Print/Type preparer's name DALE JOBE | Preparer's signature | Date 04/11/11 | Check <input type="checkbox"/> if self-employed | PTIN P00212180 |
| Firm's name JOBE & COMPANY CPA'S PC | Firm's EIN 84-1500872 | | | |
| Firm's address 200 EAST 7TH STREET SUITE 322 LOVELAND, CO 80537 | Phone no. 970-669-0700 | | | |

55 Did the IRS discuss this return with the preparer shown above? See instructions Yes No

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

ROCKY MOUNTAIN PUPPY RESCUE

Employer identification number

27-2214963

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

| DESCRIPTION | AMOUNT |
|--------------------------|-----------|
| EXPENSES | |
| TRANSFER COSTS | \$ 5,876 |
| VETTING/MICROCHIPS ETC | \$ 9,659 |
| FOSTER COSTS | \$ 12,292 |
| EVENT COSTS | \$ 3,567 |
| OFFICE | \$ 2,091 |
| MEETINGS | \$ 561 |
| REFUNDS | \$ 1,650 |
| SPAY/NEUTER REFUND | \$ 4,600 |
| DONATIONS | \$ 173 |
| BANKING FEES | \$ 1,311 |
| LICENSE/APPLICATION FEES | \$ 975 |
| PROFESSIONAL | \$ 1,558 |
| TOTAL | \$ 44,313 |

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|-------------|--------------|-------------|
| DEPOSITS | \$ 0 | \$ 10,600 |
| TOTAL | \$ 0 | \$ 10,600 |

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACHIEVEMENTS

PUPPY RESCUE AND ADOPTION